

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FLD		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4	1					
5	1					
6		5				
7		5				
8	1					
9	1					
10		1				
11	1	1				
12	1					
13	1					
14		4				
15	1					
16						
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46						
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	14					
TOTAL CLAIMS	22					

	AD FLD		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						